

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2808AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2009
NAME OF PROVIDER OR SUPPLIER SPECIAL LOVING CARE ALZ CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 6562 W MESA VISTA AVE LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the Complaint Investigation survey conducted at your facility on March 13, 2009.</p> <p>The facility is licensed as a residential facility for groups to provide care for 10 persons with Alzheimer's disease or related dementia, Category 2 Residents. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The census was 5.</p> <p>Complaint #NV21348 was substantiated. See TAG Y 876.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 876 SS=D	<p>449.2742(4) NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p>	Y 876		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 876	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: NRS 449.037</p> <p>6. The board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:</p> <p>(a) The ultimate user's physical and mental condition is stable and is following a predictable course.</p> <p>(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.</p> <p>(c) A written plan of care by a physician or registered nurse has been established that:</p> <p>(1) Addresses possession and assistance in the administration of the medication;</p> <p>(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.</p> <p>(d) The prescribed medication is not administered by injection or intravenously;</p> <p>(e) The employee has successfully completed training and examination approved by the health division regarding the authorized manner of assistance.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. A drug or medication referred to in NRS 545.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>14. In accordance with applicable regulations of the state board of health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.</p>	Y 876			

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Y 876	<p>Continued From page 2</p> <p>Based on on interview and record review, the facility failed to ensure 1 resident whose condition was not medically stable and required daily assessment was not admitted and retained at the facility.</p> <p>Findings include:</p> <p>Resident #1 was admitted 3/15/09 with diagnoses including congestive heart failure, type 2 diabetes, hyperlipidemia, hypertension, coronary artery disease, and history of depression.</p> <p>Resident #1's file contained a documented handwritten list by Employee #2 of the blood sugar readings since admission:</p> <p>"3/16/09 PM - 379;</p> <p>3/17/09 AM Lunch - 329 - 11:30 AM; PM - 61 - 5:05 PM; PM 236 9:00 PM</p> <p>3/18/09 - 8:00 AM 114; After meal - 264."</p> <p>There was no documentation of physician's orders for the insulin for Resident #1's sliding scale, unstable diabetic condition. There was no documented evidence of a written plan of care by a physician or registered nurse. There was no documentation of an ultimate user agreement.</p> <p>On 3/18/08 in the afternoon, Employee #2 stated she was employed as a caregiver 3 days prior to the survey. Employee #2 further stated she has assisted with Resident #1's glucose testing,</p>	Y 876		

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Y 876	Continued From page 3 written down the blood sugar reading, and has been instructed by the administrator to contact the administrator if the blood sugar reading is below 70 and above 140 or 200. Employee #2 confirmed that she has administered the insulin injection several times from 3/15/09 through 3/18/09 when the blood sugar was out of these ranges. On 3/18/09 in the afternoon, the administrator indicated the insulin injections were administered by Employee #2 from 3/15/09 through 3/18/09. Severity: 2 Scope: 1 Complaint #NV21348	Y 876			
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain a record of medication administered to 1 of 5 residents.	Y 896			

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Y 896	<p>Continued From page 4</p> <p>Findings include:</p> <p>Resident #1 was admitted 3/15/09 with diagnoses including congestive heart failure, type 2 diabetes, hyperlipidemia, hypertension, coronary artery disease, and history of depression.</p> <p>Employee #2 stated that Resident #1 was receiving Insulin and other oral medications on a regular daily basis from 3/15/09 through 3/18/09. On 3/18/09 in the afternoon, there was no documented evidence of a Medication Administration Record (MAR) for Resident #1.</p> <p>Severity: 2 Scope: 1</p>	Y 896			

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